



Montana Fish, Wildlife & Parks

www.fwp.mt.gov

2006

Resident with a Disability Conservation License

MANDATORY

Section 1 — Must be completed by the applicant

Date of Birth ____/____/____ ALS # ____ (see reverse side)
MM DD YYYY

Social Security Number _____ (Required only if you do not have an ALS number)

Name First	MI	Last	Jr. Sr.	Home Phone () -	Work Phone () -
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Mailing Address (Your application cannot be processed if you list only a PO Box Number) Physical Address

City	State	Zip Code	<input type="checkbox"/> Yes FWP receives requests for mailing lists. Do you want your name included on lists provided by FWP to requestors? (see reverse side) <input type="checkbox"/> No		
<input type="checkbox"/> Female <input type="checkbox"/> Male	Weight	Height	Hair	Eyes	Occupation

A Photocopy of your valid Montana Driver's License must be attached.

☐ Yes, I have attached the mandatory photocopy of my Montana driver's license.

If you do not have a valid Montana Driver's License, a photocopy of your valid Montana Identification Card must be attached.

☐ Yes, I have attached the mandatory photocopy of my Montana identification card.

I hereby declare that I have been a legal resident of the State of Montana for a period of at least 180 consecutive days (six months) immediately prior to making application for said license; or that I am a member of the regular armed forces who is assigned to active duty in Montana and have been living in Montana for a minimum of 30 days; or that I am a member's dependent and have lived in their Montana household for a minimum of 30 days. (The member must provide assignment orders and proof of completion of a hunter safety course.)

Years Months of Montana residency (This information is REQUIRED.)

I hereby declare that all statements on this form are true and correct. I have not made more than one application per license. I understand that if I subscribe to any false statement in this application that I am subject to criminal prosecution. MCA 87-2-102 and 104.

X _____

SIGNATURE OF APPLICANT—Original Signature Required—Do Not Print
(Faxed or photocopied signature not acceptable.)

_____ Date

Section 2 — See Reverse Side of Application

This section needs to be completed by a Medical (M.D.) or Osteopathic (D.O.) Doctor licensed to practice in Montana ONLY if this is the FIRST TIME you are applying for the Resident with a Disability Conservation License.

☐ I don't need a M.D. or D.O. signature because: I purchased or have been certified for a Resident Person with a Disability Conservation License between the years of 2001 through 2005.

Please Remember:

- All licenses are nontransferable.
- All licenses are valid through the 2006 season.
- Invalid or incomplete applications will be returned.
- Applications received by Fish, Wildlife & Parks are considered final and cannot be withdrawn.
- Questions ??? – call 406-444-2535.

Return completed application to:
Montana Fish, Wildlife & Parks
ATTN: Information Center
1420 East 6th Avenue
PO Box 200701
Helena, MT 59620-0701

LICENSES issued through the mail may take two weeks from time of receipt to process. Please allow adequate time.

Check Your Application:

- ☐ I have filled out MANDATORY Section 1, including my address of physical residence, and social security number.
- ☐ I have signed my application.
- ☐ I don't need a M.D. or D.O. signature because: I purchased or have been certified for a Resident Person with a Disability Conservation License between the years of 2001 through 2005.
- ☐ I have included a photocopy of my valid Montana Driver's License or my valid Montana Identification Card.
- ☐ I have included \$8.00.

Enclosed is my payment in the form of a:
 Personal Check – Cashier's Check – Money Order
 Please make payable to MT FWP

Number _____ Amount \$ _____

Section 2 —

This section needs to be completed by a physician licensed to practice in Montana ONLY if this is the FIRST TIME you are applying for this license. (M.D. or D.O.)

To qualify for a "Montana Resident With a Disability Conservation License" the applicant must be a *legal resident of Montana* and be certified by a *physician licensed to practice in Montana (M.D. or D.O.)* as being permanently disabled as defined below:

- (i) A person whose disability has been medically determined to be permanent and substantial, and resulting in significant impairment of the person's functional ability and specifically includes amputation, blindness, cancer, cerebral palsy, cystic fibrosis, deafness, heart disease, hemiplegia, respiratory or pulmonary dysfunction, mental retardation, mental illness, multiple sclerosis, muscular dystrophy, neurological disorders (including stroke and epilepsy), paraplegia, quadriplegia, other spinal cord conditions and renal failure; OR
- (ii) A person who, because of lack of social competence, mobility, experience, skills, training or other successful characteristics, is in need of and is receiving sheltered employment or work activities services in a protective setting.

I have read and understand the eligibility criteria listed above. Based on this criteria, I certify the applicant listed on the reverse side is eligible for a **Resident Person with a Disability Conservation License**.

PRINT — M.D. or D.O. Name

M.D. or D.O. Office Phone Number

PRINT — M.D. or D.O. Address

M.D. or D.O. License #

M.D. or D.O. Signature

Date

ALS – Automated Licensing System

Montana hunting, fishing and other recreational licenses are issued via an automated licensing system (ALS).

Once you acquire a license through ALS, you will be assigned a lifetime "ALS number" and it will be printed at the top of your license. The ALS number is your birthdate plus a random number issued by the automated system.

Montana's license year is March 1 through the end of February of the following year. EACH YEAR a person must purchase a conservation license to be authorized to purchase any fishing or hunting license(s).

Mailing Lists - Montana Fish, Wildlife & Parks receives requests for mailing lists. ****Please note**, even if you chose no, under state law the department is required to allow individuals who wish to compile their own mailing list access to department records including your name, address, gender, residency status, license type, district applied for and whether you were successful.

Once you are certified through Montana Fish, Wildlife & Parks (FWP) ALS system, your annual conservation license may be purchased at any FWP office, FWP license provider or by mail using this application.

A physician's certification is not required each year.